



General Liability Additional Insured Questionnaire

Please Answer All Questions. If They Do Not Apply, Indicate "Not Applicable."

INSURED INFORMATION

Named Insured: _____ Policy Number: _____

Address: _____
Street Address City State ZIP Code

Additional Insured: _____

ADDITIONAL INSURED INFORMATION

The above-listed additional insured has requested additional insured status on the above policy. To help determine insurable interest and acceptability, please complete the following:

- Which additional insured form is being requested?
- Is there a contractual obligation to name the above additional insured? Yes No
If No, please explain why needed:
- What is the insurable interest of the additional insured (i.e. general contractor, owner, developer, manager of premises, etc.)?
- What are the operations of the requested additional insured?
- If more than one person or organization is shown as part of the additional insured being requested, do they all have combinable interest?
 Yes No N/A
If No, separate additional insured endorsements are required.
- Does the additional insured maintain their own insurance to cover their operational exposures? Yes No
Does the additional insured carry general liability limits equal to or greater than your policy? Yes No
- Is the additional insured being requested involved in new construction of condos, townhomes, or tract homes? Yes No

Note: Penn-America is not a market for new construction of condos, townhomes, or tract homes

8. Complete the following regarding the work to be performed:
For additional job(s) involving this additional insured(s), please complete Page 2.

Work performed is: Residential Commercial Industrial

If Residential:

New Construction Remodeling Interior Repair and Service Room Additions or Other Structural Alterations

If Residential "new," "room addition," or "remodeling" construction, is it:

Apartments Town Houses One-to-Four-Family Dwellings Condominiums or Conversion to Condominiums

Dwellings - Tract Housing, Subdivision Construction, or Development

If Industrial or Commercial:

Project is occupied by or will be occupied by what type of business (example: Retail Stores, Restaurant, Warehouse, etc.)?

Project/Job Information:

Describe the work the Named Insured will perform for the additional insured:

Estimated Start Date: _____ Estimated Completion Date: _____

Project/Job Location: _____

Cost of Job: \$ _____

Is the above project/job work required because of a prior construction defect issue or claim? Yes No

If Yes, what is the nature of the defect?



If applicable, please complete the following regarding additional work to be performed by this additional insured(s).

Work performed is: <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial
If Residential: <input type="checkbox"/> New Construction <input type="checkbox"/> Remodeling Interior <input type="checkbox"/> Repair and Service <input type="checkbox"/> Room Additions or Other Structural Alterations If Residential "new," "room addition," or "remodeling" construction, is it: <input type="checkbox"/> Apartments <input type="checkbox"/> Town Houses <input type="checkbox"/> One-to-Four-Family Dwellings <input type="checkbox"/> Condominiums or Conversion to Condominiums <input type="checkbox"/> Dwellings – Tract Housing, Subdivision Construction, or Development
If Industrial or Commercial: Project is occupied by or will be occupied by what type of business (example: Retail Stores, Restaurant, Warehouse, etc.)?
Project/Job Information: Describe the work the Named Insured will perform for the additional insured: Estimated Start Date: _____ Estimated Completion Date: _____ Project/Job Location: _____ Cost of Job: \$ _____
Is the above project/job work required because of a prior construction defect issue or claim? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what is the nature of the defect?
Work performed is: <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial
If Residential: <input type="checkbox"/> New Construction <input type="checkbox"/> Remodeling Interior <input type="checkbox"/> Repair and Service <input type="checkbox"/> Room Additions or Other Structural Alterations If Residential "new," "room addition," or "remodeling" construction, is it: <input type="checkbox"/> Apartments <input type="checkbox"/> Town Houses <input type="checkbox"/> One-to-Four-Family Dwellings <input type="checkbox"/> Condominiums or Conversion to Condominiums <input type="checkbox"/> Dwellings – Tract Housing, Subdivision Construction, or Development
If Industrial or Commercial: Project is occupied by or will be occupied by what type of business (example: Retail Stores, Restaurant, Warehouse, etc.)?
Project/Job Information: Describe the work the Named Insured will perform for the additional insured: Estimated Start Date: _____ Estimated Completion Date: _____ Project/Job Location: _____ Cost of Job: \$ _____
Is the above project/job work required because of a prior construction defect issue or claim? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what is the nature of the defect?
Work performed is: <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial
If Residential: <input type="checkbox"/> New Construction <input type="checkbox"/> Remodeling Interior <input type="checkbox"/> Repair and Service <input type="checkbox"/> Room Additions or Other Structural Alterations If Residential "new," "room addition," or "remodeling" construction, is it: <input type="checkbox"/> Apartments <input type="checkbox"/> Town Houses <input type="checkbox"/> One-to-Four-Family Dwellings <input type="checkbox"/> Condominiums or Conversion to Condominiums <input type="checkbox"/> Dwellings – Tract Housing, Subdivision Construction, or Development
If Industrial or Commercial: Project is occupied by or will be occupied by what type of business (example: Retail Stores, Restaurant, Warehouse, etc.)?
Project/Job Information: Describe the work the Named Insured will perform for the additional insured: Estimated Start Date: _____ Estimated Completion Date: _____ Project/Job Location: _____ Cost of Job: \$ _____
Is the above project/job work required because of a prior construction defect issue or claim? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what is the nature of the defect?



FRAUD STATEMENTS

Applicable in AL, AR, DC, LA, MD, NM, RI, and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. ***Applies in MD only.**

Applicable in CO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. ***Applies in FL only.**

Applicable in KS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH, and PA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. ***Applies in NY only.**

Applicable in ME, TN, VA, and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. ***Applies in ME only.**

I HEREBY CERTIFY THAT ALL INFORMATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE:

Applicant Name (Print): _____

Applicant Signature: _____

Date: _____